

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031484

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 149

**FILED AUG 20 1962**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin Township</b>		Length of stay in 1b <b>20 yrs</b>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR <b>1 1/2 miles east of Range Line</b> INSTITUTION <b>on Seventh Street</b>		d. STREET ADDRESS (If outside, give location) <b>3015 Connecticut</b>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>A.</b> Last <b>Anderson</b>		4. DATE OF DEATH Month <b>8</b> - Day <b>13</b> - Year <b>62</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-4-32</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milligan Company</b>	
11a. FATHER'S NAME <b>Howard Anderson</b>		11b. MOTHER'S MAIDEN NAME <b>Margaret Whitman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>electrocution</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE <b>Mrs. Kathleen Anderson</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <b>Ave. Mrs. Kathleen Anderson, 3015 Connecticut</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>3:30</b> p.m. Month, Day, Year <b>8/13/62</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>He was working in attic and came in contact with 110-volt electric wires.</b>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>attic</b>	
21. I attended the deceased from _____, to _____, and last saw him alive on _____.		20f. CITY, TOWN, OR LOCATION <b>1 1/2 miles east of Range Line on Seventh Street</b>	
22a. SIGNATURE <b>Shendell Parker, D.O.</b> (Degree or title)		22b. ADDRESS <b>508 Frisco Building, Joplin, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-15-1962</b>	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cemetery,</b>	
25. DATE RECD. BY LOCAL REG. <b>8-16-62</b>		23d. LOCATION (City, town, or county) (State) <b>Seneca, Missouri</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		22c. DATE SIGNED <b>8/14/62</b>	

MAR 6 1963  
FEB 5 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.